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Medical Clowning: Even Adults Deserve a Dream

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The article examines the significance of the integration of medical clowns as an intervention strategy with adult outpatients suffering from chronic illnesses. The study is based on content analysis of the documentation of the work of two medical clowns over two years. The dominant theme involves the definition of the clown's role and includes perspectives on his integration into the hospital's multidisciplinary medical staff and his impact on the staff and on patients and their families. The finding is discussed in light of the dual role of the medical social worker as coordinator and as a case manager, and the challenge of integrating medical clowns in treatment of adult patients. There is room for further exploration of the contribution of medical clowns to assisting and improving the quality of life for patients and hospital staff.

KEYWORDS quality of life, medical clown, life-threatening illness, intervention method

Medical advances have granted many patients a complete or partial recovery and even significantly longer lives. These developments have challenged the medical system, especially when recovery is impossible and the patient and his family must cope with chronic or terminal illness (Burckhardt & Anderson, 2003). In recent years, there has been growing awareness of

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the need to develop and adopt new models and intervention methods in clinical health care (Auslander, 2005). The need for these models derives from financial considerations (Epstein et al., 1998; Soskolne & Auslander, 1993), as well as from the changing sociodemographic profile of patients (Mizrahi & Berger, 2005). Moreover, researchers have shown an increasing tendency to view of the mind and body as one entity. Accordingly, it has been argued that the well-being of the mind enhances physical well-being and vice versa (Hine, Howell, & Yonkers, 2008). Studies have revealed that even when diseases have a known physical cause, management of medical symptoms requires concurrent behavioral health care (O'Donohue, Byrd, Cummings, & Henderson, 2005). Furthermore, by providing patients with more inclusive psychological treatment, not only will mental health issues be addressed, but they will also utilize less physical health resources. Findings have revealed that the estimated cost savings of integrative care range from 20–40% (O'Donohue et al., 2005).

These alternative intervention methods are based on non-Western approaches, which have adopted models of complementary medical and psychological treatment such as naturopathy, relaxation, meditation, movement, and art therapy (Lee, 1994). A unique track is using a humor therapy such as laugh therapy and clown therapy (Higueras et al., 2006). The main question is how to integrate all of these approaches in an effort to promote the well-being of patients while also enhancing the performance of staff members.

MEDICAL SOCIAL WORK

Changes in the demands of the health care system as well as in the nature of medical technology, in regulatory requirements, and in the societal views and expectations of the medical setting have all shaped the way that social workers define their job functions in health care (Cowles & Lefcowitz, 1992; Mizrahi & Abramson, 2000; Volland, 1999). However, as mentioned, there is still a question as to how to improve patients' quality of life and how to increase cooperation with medical staff. Recent literature in medical social work has focused on the need for collaborative, interdisciplinary models of practice (Keigher, 1997; Kitchen & Brook, 2005; Lymberg, 1998; Mizrahi & Abramson, 2000). Based on an ecological perspective, the literature in this field has emphasized the professional skills of social workers as case managers and the role of social workers in promoting the well-being of clients in hospital settings as well as in mediating and facilitating among allied professionals in hospitals (Mizrahi & Berger, 2005).

Hospital social workers focus on psychosocial treatment of medical patients in severe situations and in cases of chronic illness. They seek to

help those patients and their families maximize personal resources, and assist them with mobilizing community, social, and institutional resources that provide care as an alternative to hospitalization. Social workers have skills for crisis intervention. They are trained to provide bad news and to help people cope with trauma and loss, as well as to help people reorganize themselves based on a broad, system-based perspective. In most cases, the tools available to social workers are verbal, and they relate to the patient's internal emotional world as well as to the level of reality. There is often a need for non-verbal interventions using techniques such as diversion, sensitization, relaxation, and humor.

Thus, medical social workers are expected to use their professional skills to reach out to patients in order to assess which of them can benefit from alternative intervention models such as medical clowns. Afterwards, the social workers are expected to supervise the clowns and help integrate them into the hospital's multidisciplinary staff. For social workers, such new intervention methods—especially the non-conventional—are challenging.

This article describes an innovative program conducted at a hospital, which hired medical clowns to work with adult patients. The findings present here illustrate the complexity of integrating clowns into the daily hospital routine.

HUMOR AS THERAPY

Recently, the values and benefits of using humor in health care have gained recognition in a variety of fields. Researchers and clinicians have begun to identify humor as a way of facilitating clients' psychosocial and physiological adaptation. The use of humor and laughter has been shown to facilitate the development and sustenance of relationships, improve coping, and increase one's sense of well-being (Cousins, 1989; du Pre, 1998; Kuhlman, 1984; Lefcourt & Martin, 1986; Siegel, 1986; Simon, 1990).

In addition, psychoneuroimmunological studies have shown that during and after laughter, stress hormones decrease and antibodies and natural killer cells increase, thereby potentially improving one's health (Berk, 1996; Berk, Tan, & Fry, 1993; Cousins, 1979; Pert, 1997). Research findings have shown that humor in general releases tension, facilitates communication with one's surroundings, and helps establish a wider social network, as manifested especially in enhanced integration between patients and staff members (e.g., Dziegielewski, Jacinto, Laudadio, & Legg-Rodriguez, 2003; Higueras et al., 2006; Gelkopf, Kreitler, & Sigal, 1993; Gelkopf, Sigal, & Kramer, 1994; Scholl & Ragan, 2003). One type of intentional humor that is being used increasingly in medical centers is hospital/medical Clowns.

MEDICAL CLOWNS

Medical clowning has been developed to ease the suffering, pain, and anxiety of children who are afflicted with chronic illnesses and hospitalized for a prolonged period. "Dream doctors" are generally trained artists with stage and street-theater experience as well as those who have been trained as medical clowns. Based on the medium of fantasy, they create an imaginary world through the use of various non-verbal techniques and gibberish, as well as through the use of acting, pantomime, music, movement, moderate physical exercise, games, relaxation, and props. Through those techniques, they aim to create absurd situations that facilitate responses to humor (Schwekbe & Gryski, 2003). The most well-known medical clown is Patch Adams, MD, who claimed that humor creates an atmosphere of trust and love between staff members as well as between staff and patients (Adams, 1998). In a variety of medical centers, hospital clowns visit patients of all ages voluntarily or for pay in order to provide comic relief from the sterile hospital atmosphere (Nolan, 1998). Bornstein (2008) found that there is a causal relationship between a person's psychological and physical state, and that medical clowns have a positive effect on children in hospitals, as well as on the children's families and on the medical staff. According to Bornstein, humor enhances emotional energy of patients and reduces their stress.

Medical clowning seeks to improve physical and emotional welfare by creating a unique experience that allows for control of the void and what's going on around the patient, enhancing quality of life as a means of coping with pain and life-threatening illness. Moreover, findings have shown that the integration of a medical clown improves the functioning of the entire medical staff, easing its work in difficult situations and its emotional challenges (Marcon, 2005).

The literature review reveals that in recent years, medical clowns have been integrated into hospitals. They primarily work with children, and seek to promote cooperation via therapy and diversion. To the best of our knowledge, research on this topic is limited, although existing studies on the effect of clown therapy have received increasing attention, as have attempts to integrate humor as one among a number of substantive elements of therapy (Campbell, 1997; Dziegielewski, 2004; Dziegielewski et al., 2003). Findings also indicate that clown-based activities within a hospital setting are positively related to a number of health factors (Schwekbe & Gryski, 2003). Most findings indicate that the use of humor in general and medical clowning in particular has improved such medical indices as the immune system and blood pressure (Granek-Catarivas Goldstein-Ferber, Azuri, Vinkler, & Kahan, 2005; Vagnoli, Saprilli, Robiglio, & Messeri, 2005), as well as psychological dimensions such as anxiety and pain tolerance (Matz & Brown, 1998; Vagnoli et al., 2005). Furthermore, medical clowning has contributed to

moderating reactions to distress among staff members (Abel, 1998), as well as to improving professional performance (Kurtz, 1999; Perlini, Menonen, & Lind, 1999).

In recent years, attempts to expand the work of the medical clown to the adult population have been limited. Although there have been attempts to integrate medical clowns into work with adult patients in emergency rooms (Marcon, 2005), this intervention method has not yet been systematically implemented and studied.

This article is based on an innovative project conducted at the Ha'emek Medical Center, in which the head of the social work department coordinated a new service and encouraged medical clowns to work with adult outpatients in the oncology, hemato-oncology, and dialysis wards. The clowns permitted and invited contact with every patient. They worked mostly in the shared space in which treatment was administered, where they focused on individual patients, groups, patients' relatives and attendants, and multidisciplinary staff on site. Accordingly, this article describes and examines the significance of integrating medical clowns as an intervention strategy for adult outpatients with chronic and life-threatening illnesses.

METHOD

To understand the essence and ramifications of intervention by medical clowns among adults with chronic illnesses, we studied the reports of medical clowns at the end of each work day. The reports were analyzed using qualitative research methods, which are conducive to gaining more profound into phenomena from the perspective of those participating in the study (Patton, 1990). Moreover, because this project was the first of its kind in Israel, qualitative methods were chosen as the most appropriate ones for comprehending the phenomenon (Tutty, Rothery & Grinnell, 1996).

Data Collection

Two medical clowns began working with adult patients at Ha'emek in September 2004. The clowns each worked twice a week for three hours (i.e., twelve hours a week). At the end of each work day, the clowns documented their activity and the emotions evoked by these encounters. The data collected in the study are based on content analysis of those records.

Data Analysis

The clowns' records of the sessions were analyzed according to content analysis guidelines (Patton, 1990; Unrau & Coleman, 1997), which include three main stages: overall-holistic understanding of the text, division of the

text into meaning units, and the grouping of these units by theme. Content analysis was conducted by two social workers.

FINDINGS

The dominant theme arising from content analysis of the clowns' records relates to the definition of the clown's role within the medical space of the hospital and includes perspectives pertinent to the integration of clowns into the multidisciplinary medical staff of the hospital and to the impact of clowns on the general staff, on the patients, and the families of the patients.

Ambiguity in Role Definition

Imprecise definition of the clown's role leads the clown to develop diverse reactions and coping mechanisms: (a) confusion and searching; (b) "part of the team or on his own?": accentuating his uniqueness while striving to be part of the multidisciplinary staff; (c) viewing himself as part of a subgroup and independent discipline.

Confusion and searching

Unclear about his role, the clown fluctuates between treatment provider, teacher, artist, and entertainer, constantly seeking direction, vehicles, and techniques. The confusion exists among others as well, including the medical staff and patients.

> Clown, musician, opera singer, dancer, mime, entertainer invited to greet people at the entrance to a geriatric convention, creating a good mood for visitors, storyteller with tarot cards, guided-imagery practitioner, impersonator, art therapist—using and joining other treatment providers with their own techniques of working with patients . . . who am I?

This confusion makes it hard for the clown to cope, but also expands and diversifies his ability to make contact, and this enhances his ability to assist the medical staff.

> I started working with him [the patient] by imitating mafiosi, making crude jokes, and just laughing about all kinds of situations in daily life . . . about 15 minutes later, the ward nurse asked what examination the patient wanted to have now, "X" or "Y". The patient said that what he wanted most was to sit here and laugh and forget everything.

Another dimension of this ambiguity relates to the place of the medical clown in the medical space, especially in light of the challenge of locating

himself in that space, which is unfamiliar to him. This uncertainty is intensified by the clown's difficulty with become integrated as part of the medical staff.

> You encounter a cold, technical staff without any personal relationships or contact, and a nurse who announces our arrival cynically: "The clowns are here," or elsewhere "These clowns, their chutzpa oversteps all bounds."

These descriptions reveal the ambivalence that the staff members feel toward the medical clown:

> One patient was happy I came, but the nurse signaled to me that maybe this wasn't the right time, because an adult patient was lying next to her . . . but "A" said that she actually wanted me to be there.

"Part of the team or on his own?": Is the medical clown part of the hospital's medical staff?

The uniqueness of the clown stems, *inter alia*, from the fact that clowning is not considered an auxiliary profession. The medical staff is inconsistent in its perception of his work: On the one hand, he's warmly welcomed, and on the other, he seems to interfere and undermine the work of the staff.

> A day with good energy—fruitful cooperation with both patients and the medical staff, compliments from two doctors—one of them called me "a certified lunatic," and the other said I've got a lot of guts to come racing in and tell him a patient smiled, and all this in total panic . . . he turned colors when he saw me headed for his office like a missile. . . . I feel very good in the wards where the medical staff accepts and understands the chaos we bring. More than once they have told us that we've brought a kind of new spirit to the wards.

Medical clowns as a subgroup and an independent discipline?

The clowns reported that they strive to become integrated into the medical staff on the one hand, while cultivating separation and a relative professional edge on the other. The hospital staff operates with a clear system of activities and/or a system of supervision, staff, and so on. The medical clown, in contrast, works alone and not part of the institutionalized work system. He has no clear protocol, and he must invent work patterns and create a system of maintenance and containment, particularly in work with adult patients, which is still in its infancy. To deal with this challenge, the clown tends to compare his work with adults and with children. He portrays his with

children as a refreshing outlet that strengthens his ability to enter a fantasy world even when working with adults. In contrast, his work with adults erodes creativity more than work with children but is easier emotionally: *"Working with a child in serious condition is harder."*

> I had 15 free minutes, and decided to use them to work in the children's ward. When I came in, I saw the other clown fighting with a child, and then several kids chased him. Suddenly, I wanted so much to be part of the act . . . I became the one being chased, and I played with them and flew off to another fantasy world that I never reach with adults. It was fun. I feel my clown is somewhat serious, and working with children can restore the innocent fantasy rather than the mature one.

Assistance and Auxiliary Skills: Help or Hindrance?

The difficulty of helping without conventional auxiliary skills

The clown's lack of auxiliary medical skills leaves him ill-equipped to cope with difficult sights and patients. He needs a role model, and is simultaneously tempted to abandon his clown role and "act normal," aided by a social worker or psychologist. Mainly, he needs rejuvenation in light of the tremendous strain of working with adults and feeling frustrated by all of the effort that he invests in the effort to continually make people laugh and to be entertaining even in difficult situations and in environments that are sometimes unsympathetic, and despite a lack of appropriate skills.

> It's very tempting to suddenly change the world I come from and start speaking Hebrew in a way that people can understand. Then again, there's room to fall, to open a channel of speech at the expense of the other special places I'm coming from . . . and then the bubble bursts, but the patient opens up and speaks. . . .

The ability to create helping relationships and interpersonal contact where words fail—expanding intervention strategies

One advantage of the clown's work and his integration into the difficult adult wards is his ability to work with patients in difficult or impossible conditions and to broaden the spectrum of the medical staff's intervention—especially in places where words have failed.

> Working with the difficult, hopeless patients during periods of despair. . . . The first time she communicated with someone on the ward . . . to see patients radiating happiness, the trick is to do anything and try new things, and the main thing is to make them forget their pain, pass their time pleasantly, break out of the hospital routine.

> She's funny and has a sense of humor. Any time there's something small, even a vague memory of her medical context, tears start to fall. Here the clown listens, strengthens her, lends a hand. She breathes, closes her eyes, and slowly smiles again. It's not easy. . . .

Between Life and Death

More than once, patients, staff, and even the clown himself have grappled with imminent death, despair, depression, and inability to function. Thanks to the humor accompanying his work and his unconventional *modus operandi*—using another language, drama, imagination, and so on—patients and those around them allow themselves to touch death, sense the approaching end, and legitimize life in the shadow of death.

> I met a patient, a former chess champion and marathon runner who told me a month ago that he has no more strength, that he's out of energy. His face has fallen, his eyes are dim, and he's waiting . . ., he no longer derives any pleasure from the game. . . . Suddenly I showed up with a chess set. It was an incredible drama. I presented myself as Andrei Balishnikov, champion of Lithuania. Without hesitation, he came back to life, sat himself up, and asked me to help him. We began to play. He took me to school! In twenty minutes, the game was over. His wife was thrilled . . . it was the first time she'd seen him come alive in a long while.

For example, in working with a dancer who had a recurrent tumor in his foot, the dialogue with the medical clown infused vitality into his struggle with death. In the case of a terminal patient who was regularly accompanied to treatment by her twin sister, in every session the clown opened by getting carried away with dancing with her despite her being in the shadow of death. Another aspect of the clown's work with terminal patients is that in the difficult final stages of life, the clown allows them to experience a moment of joy, of happiness. This is a feeling that helps the clown continue his work and derive satisfaction: "I don't know whether I'll see him again. . . . I've been waiting for it to end. . . . At least I know that on the last day of his life he laughed and even danced a little."

Assessment of Intervention

Our content analysis sheds light on the clown's impact on different parts of the medical system: patients, their families, and staff.

Impact on the patients' quality of life

One dominant theme of the medical clowns' reports was effectiveness. Improvement in the patients' quality of life was manifested in smiles, a kind word, an invitation to visit again, and memories of the previous visit, despite infrequent visits and the bad condition of the patients.

> I began singing children's songs with her, and—wonder of wonders—she began making sounds and voices . . . the patients and the nurse stifled tears. . . . This was the first time she'd communicated with anyone on the ward. Working with her really moved the staff.

Impact on relatives and visitors

In this area, the clowns reported that they had relieved visitors of the burden that accompanied their prolonged stays with loved ones. Similarly, perhaps the clowns' extensive reporting on the effectiveness of their interventions stemmed from their need to receive moral support and encouragement, or from the immediate feedback provided by patients, relatives, and staff.

> From time to time, I ask myself about the act of the clown at work. And what do we leave behind after the visit? Do they forget the clown? I feel that there's a group of adult patients for whom the clown's work is more than just a one-time thing. Some say, "Yesterday I spoke about you," and "I was just asking where you are."

> . . . I met C., a patient with whom I'd had pleasant, productive sessions two months ago. . . . He was so happy, he got up from his (paraplegic) position and hugged me. The hug gave me goosebumps and a surge of emotion. He told me how happy he was to see me. I told him he'd made my day.

> Today a patient told me that I have caused [patients] to change, and the change lies in not thinking but rather connecting to a moment in the present, the moment the clown arrives.

Assisting the medical staff

The presence of the medical clown at work can assist the medical staff, particularly in critical cases. The active participation of staff in clowning constitutes a kind of emotional outlet for them when they lack patience and energy. Clowns also help the staff communicate with the patient and relieve his pain, in addition to empowering and motivating patients to undergo painful treatments. To benefit from the clown's contribution, the staff must

also change and accept the clown as part of the medical system. The following record highlight the clown's contribution to making contact with a blind-deaf, mute patient:

> I took the stethoscope and motioned to her to grasp it. I placed it on her pulse, touched my finger to her palm, and then picked up the pace. I continued tapping on her palm, and slowly I tapped up to her shoulder. She smiled. I took the measuring rod, her finger and her daughter's. I measured and compared, and she began laughing. The nurse nearby held back her tears, as did the daughter. I continued . . . she didn't stop laughing. . . . Patients and medical staff alike stood and watched, grinning. . . . She thanked me with two kisses on the chin, and I thanked her with one. . . .
>
> Afterwards I spoke with the staff in the nurses' room about the importance of communication with the mother directly versus communication with her daughter. . . . The staff members responded positively to the idea that from now on they would communicate with the mother directly via the language of contact, guided by the daughter.

The Medical Clown's Assessment of Himself and His Performance

Feelings of unfamiliarity and alienation toward the medical system as well as the ambiguity of his role intensify the medical clown's need for positive feedback from those around him, which enables him to assess the quality of his own work.

> After half a year of hard work and frustration, a miracle happened today . . . two patients acted out Little Red Riding Hood for me today. . . . Apparently I'd had to build a system of long-term trust with them in order to get to this performance. . . .
>
> "H", a blind patient who at the beginning of the year hadn't wanted me to come near him, wanted us to stay today until the end of his shift. Then the nurse said, "So . . . it was worth it, you earned your keep." It was so fun for me to hear that.

DISCUSSION

The main question examined in this study related to the impact of the medical clown's presence on patients, on the relatives and attendants of patients, and on the medical staff. Three dimensions shed light on the clown's penetration of the hospital's multidisciplinary staff in work with adults: uncertainty about the definition of his role, lack of auxiliary skills,

and appreciation of his intervention. The analysis reflects the professional dialectic related to integrating clowns into the hospital staff, and highlights the need for all parties to make an effort to redefine the role of the clown, especially in light of the clown's contribution to improving the quality of life for patients, visitors, and even the staff itself. The analysis emphasizes ways of coping with the conflict that the clowns and the hospital staff face in the effort to define the clown's unique contribution on the one hand while likening the clown to the other staff members and obscuring his contribution on the other.

Medical clowning is still in its formative stage, and hospitals have yet to establish a common work tradition for that profession, especially in adult wards. The confusion experienced by both the clown and by the hospital's multidisciplinary staff complicates his work and limits his ability to help patients. Consequently, it is important to define the clown's role and preserve his uniqueness while also investing in making clowns part of the hospital's medical staff.

Toward this end, the medical social worker's tasks can include helping the clowns define their role, facilitating the integration of clowns as part of the medical staff, and helping the clowns know which patients they should work with. Although this study highlighted the need for such cooperation, the existing literature and the research trends presented here indicate that there is still a long way to go before this kind of cooperation can be achieved. Moreover, in light of the status of social work as a secondary profession in medical setting (O'Brien & Stewart, 2009), medical social workers often feel confused and insecure in their positions (Mizrahi & Berger, 2004).

It is also important to note that there is considerable variation between the broad domain and the naïve, unmediated way in which medical clowns operate without boundaries on the one hand, and the systems-oriented, professional perspective of social workers on the other. Therefore, it can be expected that one of the hospital social worker's tasks would be to help the medical clown cope with the problems he faces on the job, and to help him processes the encounters, the difficulties, and the information that he absorbs in his work. In addition, hospital workers can help the medical clown demarcate boundaries between his image as a clown and image as a person.

The few attempts that have been made worldwide to clarify the role of the medical clown underscore the importance of the enabling the clown to see himself as part of the staff in the attempt to promote beneficial relationships, especially where conventional methods have proven useless or inadequate. In many instances, the clowns' feelings of being excluded arise from their lack of conventional auxiliary skills. In this regard, in order to integrate into the multidisciplinary staff, the clowns also need to expand their assistive skills and receive support and supervision that will enable them to cope with the challenges of working in a hospital (especially with

difficult patients). This can be achieved through staff meetings, mentoring, and other activities that are standard practice in other auxiliary professions (Bernard & Goodyear, 1998). These are essential conditions for maintaining the clown's uniqueness and preventing the development of burnout (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002). Toward that end, the medical social worker needs to know more about using humor therapy in general and about the task of medical clowns in particular.

In addition, because medical clowning is not an established profession, it is not mandatory to provide them with supervision. Thus, although the tool of supervision is commonly used by social workers, it it is not used commonly among clowns. Consequently, clowns are not always aware of the need for professional space in which they can process their inner feelings and difficulties. In that context, the medical social worker can play an important role in debriefing and coaching the clowns, or in mediating between the clown and the health system.

At the same time, as the research findings indicate, the attempt to join the medical staff is inevitably accompanied by job conflicts and boredom, which are the lot of most "guest professionals" in hospitals (Cowles & Lefcowitz, 1992, 1995). Studies have shown that medical professionals in hospitals interfere with the work of colleagues in auxiliary professions (Egan & Kadushin, 1995). In the case of medical clowns, the findings show that medical staff members have trouble accepting clowning as part of the work routine and the standard medical protocol (Vagnoli et al., 2005). Hence, in light of the medical clown's contribution to the staff, it is important to prepare the medical staff to absorb clowns and to regard them as an integral, complementary component of the hospital environment.

Another major role of the medical social worker is that of team coordinator. Researchers have claimed that social workers are in a pivotal position as medical team coordinators. That role allows them to function at maximum capacity and to positively influence the physician's experience. It also allows them to increase the residents' psychosocial awareness and, most importantly, to offer benefits to the patients and their families (Kitchen & Brook, 2005; Parker-Oliver, Bronstein, & Kurzejeski, 2005).

Another dimension that emerges from the findings is the clown's contribution to coping with difficult patients. Medical advancements in the twenty-first century have prolonged the lives of patients, but have also intensified questions relating to their quality of life and the limited ability of hospital staff to respond to their needs (Burckhardt & Anderson, 2003). Professionals in hospitals are subject to limitations and pressures that often preclude appropriate communication with people in critical condition. Those limitations can derive, for example, from the patients' physical condition or from handicaps, as well as from the pressure aroused by crisis situations. Interpersonal communication can also be limited by, language problems, by disabilities such as deafness or blindness, and even by the

anxiety of hospitalization. Studies have found that medical clowns' work with children lowers tension and anxiety among both patients and their parents (Vagnoli et al., 2005). In emergency rooms as well, clowns have reduced anxiety and tension among patients and their families, and have indirectly assisted staff by creating a more relaxed work environment (Marcon, 2005).

Based on the literature cited here, it can be concluded that the clown's work reinforces perceptions of salutogenic standards in the field of health (Antonovsky, 1984), as well as perceptions that focus on enhancing the individual's strong points (Jones & Kilpatrick, 1996; Saleebey, 1996). The findings also convey a message regarding the ability of patients, their families, and medical staff members to grow despite the crises they face. Furthermore, work with difficult patients, especially adults with serious or terminal illnesses, is among the primary causes of staff burnout (Aiken et al., 2002; Bakker & Heuven, 2006; Papadatou, Papazoglou, Bellali, & Petraki, 2002). This study sheds light on the nature of the clown's contribution to the medical staff. Not only do clowns provide direct assistance, but they also enable the staff members to let off steam.

It can also be argued that sometimes the clown succeeds where the social worker fails. In cases where it is difficult to have conversations or where there are no wards, the medical clown has a major advantage in comparison to the social worker. In light of the social worker's complex position, however, this the clown's advantage might add to the social workers' job stress in addition to reducing the social workers' productivity and their self and professional esteem.

The expansion of interventions offered to patients and the inclusion of the medical clown as part of those interventions calls for increased institutionalization in order to ensure that all patients who need this channel of communication will has access to it, and that staff members will use it as needed. Moreover, the institutionalization of multi-staff workers, including hospital clowns, will help limit the confusion about the clown's role today. The creation of an administrative protocol will permit the integration of clowning not just as a result of local initiative but as a means of recognizing and meeting patients' needs (Leipzig et al., 2002). As with other auxiliary medical professionals, the medical clown must be defined as a paramedic (Monikandem & Manor, 2005; Reese & Sontag, 2001).

The length of hospitalization and patients' satisfaction with the hospital are the major concerns of the health system—particularly in the face of budget cuts for health care in Western countries. The present study provides preliminary findings that support the assumption that the use of medical clowns and reinforcement of multidisciplinary work among social workers will reduce the length of hospitalization for patients, and increase the satisfaction of patients, their families, and hospital staff members. In light of those findings, it would be worthwhile to conduct examine that assumption in future research. With regard to the role of medical social workers, it

would be worthwhile to examine these issues among professionals in various fields who work in hospital settings. The present study also highlights the importance of supervision provided by social workers and other helping professionals, as well as the role and contribution of social workers as mediators in the health system.

Because this was a pioneering study, the limitations of the research stem from the content analysis, which was based on reports of only two clowns at one hospital. Furthermore, the reports were gathered only from the clowns and not from the entire medical staff, patients, or others. Nonetheless, the findings of the present research, which indicate that the clowns contributed to the functioning of patients and medical staff, are consistent with the results of other recent studies conducted at medical centers around the world. Because research in this area is in its infancy, there is room for further exploration of the medical clown's contribution to assisting and improving patients' and staff's quality of life. In addition, efforts can be made to develop ways of integrating clowns into medical settings and strengthening their professionalism. It is important that a medical social worker be involved in this research, in order to strengthen collaboration and broaden evidence-based practice as a means of improving the medical system and enhancing the well-being of patients and staff members, and with increasing their satisfaction with the role of medical social workers in medical settings (Davis, 2004). Scientific research will help to convince the system of the need for social workers to act as coordinators and intermediaries in different kinds of interventions that include clowning therapy in medical settings.

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